



PROVINCIAL HEALTH OFFICE

External Services



1. Adolescent Health Development Program

Provides instructional, educational and communication materials.

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and High Schools with trained Peer Educators			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Slip form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1. Receive request form for recording and proper filing	none	5 minutes	Midwife II AO III Supply Officer
	1.1. Review requested IEC materials and prepare Requisition and Issue Slip (RIS)		5 minutes	
	1.2. Prepare requested IEC materials		15 minutes	
2. Review, check and receive IEC materials and signs the RIS	2. Issue requested IEC materials and give original copy of RIS	none	5 minutes	AO III Supply Officer
	2.1. Keep the duplicate copy of RIS for filing		2 minutes	
TOTAL:		None	32 minutes	



2. Disease Surveillance Program / Emerging and Re-emerging Diseases

Ensuring the availability and provision of timely health service of outbreaks of emerging and re-emerging diseases.

Availability of the service: Monday to Sunday (24/7)

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<ol style="list-style-type: none"> 1. Case investigation form (1 original copy) 2. Laboratory Test Request Form (1 original copy) 3. Line List Form (1 original copy) 		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the accomplished Case Investigation Form (CIF)	<ol style="list-style-type: none"> 1. Check submitted CIF for reported cases from each Disease Surveillance Unit <ol style="list-style-type: none"> 1.1. Compare cases from previous and present cases / Analysis of data 1.2. Inform concerned MHO/MESU re: increasing amount of cases / increase of new cases 	none	10 min 1 hour 15 mins	Nurse II



2. Submit CIF and Line List together with specimen collected	2. Receive specimens 2.1. Check CIF if properly filled out 2.2. Check specimens if properly labeled and stored in transport box 2.3. Transport specimen for RT-PCR	none	15 mins Daily before 2:00 pm	RadTech II OMPH
TOTAL:		None	1 hour and 40 inutes	

3. Drug Abuse Program

Provides drug rehabilitation and recovery services.

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm)

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Invitation Letter for drug abuse awareness services such as symposium (1 original copy)		PHO Officer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the invitation letter	1. Receive invitation letter 1.1. Prepare Travel Order 1.2. Prepare requested IEC materials 1.3. Conduct symposium	none	5 minutes 5 minutes 3 hours 2 hours	RN Program Coordinator/PD O II - PDOHO
TOTAL:		None	5 hours and 10 minutes	



<i>Other drug abuse services:</i>				
1. Inquire about the program via phone calls, social media page message, personal messages and/or walk ins	1. Receive queries either thru phone calls, text or personal messages on messenger with noted time and date. 1.1. Provide guidance and assistance on the particular inquiry to the Persons Who Uses Drugs (PWUDs) 1.2. Ensure that the client understand with satisfaction achieved.	none	10 minutes	RN Program Coordinator/PD O II - PDOHO
			10 minutes	RPm Psychometrician
			10 minutes	RPm Psychometrician RSW Social Welfare Officer I Social Welfare Aide Social Welfare Aide
2. Attend Initial Intake Interview for Persons Who Uses Drugs (PWUDs)	2. Provides Consent Form and explain the provision of the service 2.1. Conduct Screening and Assessment of Substance Use	none	15 minutes	RN Program Coordinator/PD O II - PDOHO RPm Psychometrician RPm Psychometrician RSW Social Welfare Officer I
			45 minutes	Social Welfare Aide Social Welfare Aide
3. Attend the orientation of the program	3. Delivers and facilitate the orientation of the program	none		RN Program Coordinator/PD O II - PDOHO



<p>1. Attend Drug Dependency Examination for court mandated clients</p>	<p>1. Provides and explain the drug dependency examination form 1.1. Conduct Interview and Assessment of Drug Dependency</p>	<p>none</p> <p>none</p>	<p>10 minutes</p> <p>1 hour</p>	<p>RN Program Coordinator/PD O II - PDOHO</p> <p>RPm Psychometrician</p> <p>RPm Psychometrician</p> <p>RSW Social Welfare Officer I</p> <p>Social Welfare Aide</p> <p>Social Welfare Aide</p> <p>MD, FPPA Psychiatrist</p>
<p>2. Attend the scheduled orientation of the program</p>	<p>2. Delivers and facilitate the orientation program</p>	<p>none</p>	<p>2 hours (by schedule)</p>	<p>RN Program Coordinator/PD O II - PDOHO</p> <p>RPm Psychometrician</p> <p>RPm Psychometrician</p> <p>RSW Social Welfare Officer I</p> <p>Social Welfare Aide</p> <p>Social Welfare Aide</p>



<p>3. Attend the lectures/sessions in their assigned schedule day</p>	<p>3. Provides and deliver lectures in Matrix Intensive Outpatient Program (MIOP)</p>	<p>none</p>	<p>3 hours (by schedule)</p>	<p>RN Program Coordinator/PD O II - PDOHO</p> <p>RPm Psychometrician</p> <p>RPm Psychometrician</p> <p>RSW Social Welfare Officer I</p> <p>Social Welfare Aide</p> <p>Social Welfare Aide</p>
<p>4. Attend Individual/Group Counseling</p>	<p>4. Conducts and provides Individual/Group Counseling</p>	<p>none</p>	<p>1 hour</p>	<p>RPm Psychometrician</p> <p>RPm Psychometrician</p> <p>RSW Social Welfare Officer I</p> <p>Social Welfare Aide</p> <p>Social Welfare Aide</p>
<p>TOTAL:</p>		<p>None</p>	<p>7 hours and 10 mins</p>	



4. Environmental Health and Sanitation Program

Ensuring all households have access to potable water and approved type of toilet for every house including community toilet and provide technical assistance.

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office, program managers and barangays			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Colilert Test Kits 1. Requisition Slip (1 original copy) 2. Inventory Form (1 original copy)		PHO Program Coordinator		
For toilet bowls: 1. Request letter (1 original copy) 2. Barangay resolution (1 original copy) 3. List of beneficiaries signed by RSI & MHO (1 original copy)		Barangay Hall		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>For Provision of PHC bottles:</i>				
1. Present the accomplished/ approved request form and inventory form	1. Receive the request form and inventory form 1.1. Prepare and allocate colilert test kits needed	none	5 minutes 5 minutes	Inspector I Sanitary Inspector IV MedTech II MedTech II
Review, check and receive supplies	Issue/release requested colilert test kits and have it signed	none	5 minutes	Sanitary Inspector I
TOTAL:		None	15 minutes	



<i>Submit the approved request letter barangay resolution and list of beneficiaries</i>				
1. Submit the request letter, barangay resolution and list of beneficiaries	1. Receive all the necessary requirements	none	5 mins	Sanitary Inspector I
	1.1. Prepare and allocate number of toilet bowls needed per barangay		20 mins	
2. Sign Requisition and Issuance Slip, Certificate of Compliance and MOA of compliance	2. Issue/release the requested toilet bowls and file all signed documents	none	45 mins	Sanitary Inspector IV
TOTAL:		None	1 hour and 10 minutes	

5. Expanded Program on Immunization (EPI)

Provides vaccines and advocacy materials for expanded immunization program.
Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm)

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Request form, Inventory Form (1 original copy each) 2. Transport box/carrier and cold dogs		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1. Receive/review request form slip and inventory form	none	10 minutes	Midwife IV



and inventory form	1.1. Prepare requisition and issuance slip together with requested vaccines and advocacy materials. 1.2. Check the appropriate transport box for the vaccine 3		30 mins	Midwife II Pharmacy Aide
2. Review, check and receive supplies and commodities	2. Issue/release requested vaccine and give original copy of RIS	none	5 minutes	AO III Supply Officer I
3. Submit letter request for technical assistance	3. Receive letter request and prepare travel order 3.1. Provide needed technical assistance	none	5 minutes 10 minutes	Midwife IV Midwife II
TOTAL:		None	1 hour	

6. Family Planning Program

Provide family planning commodities and supplies and technical assistance for responsible parenthood and population management.

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES	
Classification:	Simple	
Type of Transaction:	G2C, G2G	
Who may avail:	All Municipal Health Office and hospital facilities	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1.Requisition Slip 2. Inventory form 3.Request for technical assistance (1 original copy each)		Program Coordinator assigned at the PHO.



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1. Receive requisition slip	none	5 mins	Nurse
2. Present Inventory Form	2. Prepare requested/allocated supplies and commodities	none	15 mins	Nurse
3. Review, check and receive supplies and commodities	3. Issue/release requested/allocated commodities and supplies and give original copy of RIS	none	10 mins	Nurse
4. Submit letter request for technical assistance	4. Receive letter request and prepare travel order 4.1. Provide needed technical assistance	none	5 mins 30 mins	Nurse
TOTAL:		None	1 hour and 5 minutes	

7. Food and Water-Borne Diseases-Prevention & Control Program

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES	
Classification:	Simple	
Type of Transaction:	G2C, G2G	
Who may avail:	All	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Allocation of commodities and supplies Request Form		PHO Officer



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1. Receive requisition slip	none	5 min	MedTech II
2. Present inventory form	2. Prepare requested/allocated supplies and commodities	none	15 min	MedTech II
3. Review, check and receive supplies and commodities	3. Issue/release requested/allocated commodities and supplies. 3.1. Give original copy of RIS to the client	none	10 mins	MedTech II
	TOTAL:	None	30 minutes	

8. Health and Education Promotion

Provides instructional, educational and communication materials.

Availability of the service: Monday to Friday (except holidays), 8am to 5pm.

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request Slip form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



1. Present the accomplished request form	1.1 Receive request form for recording and proper filing	None	5 minutes	Nutritionist Dietitian II
	1.2 Review requested IEC materials and prepare Requisition and Issue Slip (RIS)		5 minutes	AO III Supply Officer
	1.3 Prepare requested IEC materials		30 minutes	
2. Review, check and receive IEC materials and signs the RIS	2.1 Issue requested/allocated IEC materials and give original copy of RIS	None	5 minutes	AO III Supply Officer
	2.2 Keep duplicate copy of RIS for filing		2 minutes	
TOTAL:		None	47 mins	

9. Leprosy Control Program

Early and accurate diagnosis, case management with prevention, management of disability and public education to dispel the stigma of leprosy.

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and leprosy patients referred by doctors			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Doctor's referral/request for SSS and Doctor's prescription (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE



<p>1. Submit Doctor's Referral/Request for Slit-Skin Smear (SSS) & Doctor's prescription</p>	<p>1. Receive request and doctor's prescription from client. 1.1. Interview patient and fills up the National Leprosy Control Program Patient Record Card. 1.2. Does Nerve Function Assessment, Voluntary Muscle Testing, Counts the skin patches & does body charting of skin areas with patches and lesions. 1.3. Choose areas for Slit-Skin Smear (SSS) with at least 3 smears per patient 1.4. Counselling of patients on management & self-care. 1.5. Provision of Leprosy Combi-MDT medicine, sulfur soap, Sodium Ascorbate, Vitamin B Complex, Ferrous Sulfate and other drugs and ointments to the patient. 1.6. Proper endorsement the new Leprosy patient to their Rural Health Unit</p>	<p>none</p>	<p>1 hour</p>	<p>MedTech II</p>
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	through calls and message			
2. Client 2. Family contact tracing (Depend on number of accompanying family members).	2. Inspects the skin per family member present at the PHO. For family members with NO skin patches or lesion; skip step no.7 2.1. For family members with skin patches/ lesion; performs steps no. 1.2 – 1.6	none none	10 minutes 1 hour/ Suspected patient	MedTech II
For allocation of commodities and supplies				
1. Present the accomplished request form	1. Receive requisition slip	none	5 minutes	MedTech II
2. Present inventory form	2. Prepare requested/allocated supplies and commodities	none	15 minutes	MedTech II
3. Review, check and receive supplies and commodities	3. Issue/release requested/allocated commodities and supplies. 3.1. Give original copy of RIS to the client	none	10 minutes	MedTech II
TOTAL:		None	2 hours and 40 minutes	



10. Mental Health Program

Provides mental health services.

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Invitation Letter for mental health services such as symposium (1 original copy)		PHO Officer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the invitation letter	1. Receive invitation letter	none	5 minutes	RN Program Coordinator/PD O II - PDOHO
	1.1. Prepare Travel Order		5 minutes	
	1.2. Prepare requested IEC materials		3 hours	
	1.3. Conduct symposium		2 hours	
TOTAL:		None	5 hours and 10 minutes	
<i>Other mental health services:</i>				
1. Inquire about the program via phone calls, social media page message, personal messages and/or walk ins	1. Receive queries either thru phone calls, text or personal messages on messenger with noted time and date. 1.1. Provide guidance and assistance on the particular inquiry to the Mental Health	none	10 minutes	RPm Psychometrician
			10 minutes	RPm Psychometrician
			10 minutes	RPm Psychometrician
			10 minutes	RPm Psychometrician
				RSW Social Welfare Officer I



	1.2. Ensure that the client understand with satisfaction achieved.			Social Welfare Aide
2. Attend the Initial Intake Interview	2. Provides Consent Form and explain the provision of the mental health services 2.1. Conduct Mental Health Intake Interview	none	15 minutes 45 minutes	Psychometrician Social Welfare Officer I Social Welfare Aide
3. Consult with the Psychiatrist	3. Conduct Initial check-up/Follow-up check up with Psychiatrist 3.1. Issuance of Medication Prescription and distribution of medications (<i>if available</i>)	none	3 hours (by schedule) 15 minutes	Psychiatrist
TOTAL:		None	4 hours and 45 minutes	



11. Non-Communicable Disease Program

Management of non-communicable diseases

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Invitation Letter for technical assistance (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the invitation letter	1. Receive invitation letter 1.1. Prepare Travel Order and the IECs 1.2. Conduct Technical Assistance by group and individual mentoring	none	10 minutes 5 minutes 2 hours	Rudeline U. Almeda Dietitian II
TOTAL:		None	2 hours and 15 minutes	

12. Nutrition Program

Provision of Nutrition Micronutrient Powder (MNP) and other supplies

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES
Classification:	Highly Technical
Type of Transaction:	G2C, G2G



Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Request form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished request form	1. Receive request form	none	3 mins	Mylene T. Lastimoza Nutritionist Dietician II
2. Sign RIS and receive supplies and commodities requested	2. Allocate MNP based on OPT result and deworming medicines	none	20 mins	Ana Lualhati M. Hernandez Nutritionist Dietician II
	2.1. Issue micronutrients and deworming medicines		20 mins	
TOTAL:		None	43 minutes	

13. Oral Health Program

Provision of guidance and assistance for oral health care
 Availability of the service: Monday to Friday (except holidays),
 8:00am-5:00pm (Saturday – if requested)

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES	
Classification:	Simple	
Type of Transaction:	G2C, G2G	
Who may avail:	All	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Patient Information form (1 original copy)		Dentist detailed at different municipalities



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>For dental procedures:</i>				
1. Proceed to triage and accomplish the patient's information form	1. Provide alcohol and logbook to the client. Check the vital signs of the patients. 1.1. Priority number will be issued by the Dental Aide. 1.2. Wait until the number is called 1.3. When the number is called, proceed to the Dental Clinic for the actual and necessary procedures 1.4. Dentist will give prescription on the proper intake of medicines and instructions	none	60 minutes	Dentist II (Baco) Dentist II (Baco) Dentist II (Socorro) Dentist II (Bansud) Dentist II (PHO-Dental Clinic) Dentist II (Bahay Kalinga)
<i>Request for Technical Assistance</i>				
1. Present the request letter	1. Receive letter request 1.1. Prepare travel order 1.2. Provide technical assistance needed	none	30 minutes	Dentist III
<i>For provision of supplies:</i>				
1. Present the accomplished request form	1. Review and prepare dental supplies as per allocation 1.1. Issue and provide dental supplies to all Public Health dentist as per allocation	none	30 mins.	Dentist III AO III Supply Officer



2. Signed RIS and receive supplies and commodities requested	2. Prepare requisition and issue slip (RIS) 2.1. Issue original copy of RIS to the client	none	10 mins.	AO III Supply Officer
TOTAL:		None	2 hours and 10 minutes	

14. Rabies Control Program

Setting-up of Animal Bite Centers in strategic health facilities and the provision Anti-Rabies Vaccine/RIG Vaccine

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Animal Bite Treatment Centers (ABTC)			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For request for vaccines: 1. Request Form (1 original copy) For setting-up of Animal Bite Center: Letter of Intent (1 original copy) 2. Self-Assessment Form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>For request for vaccines: From PHO to Local Health Facilitators</i>				



<p>1. Present the accomplished Request Form</p>	<p>1. Receive Requisition Slip form 1.1. Prepare and pack requested vaccines Prepare Requisition and Issuance Slip (RIS) 1.2. File and enter to stock ledger card for inventory</p>	<p>none</p>	<p>30 minutes</p>	<p>Pharmacist III</p>
<p>2. Receive the vaccine and sign the RIS</p>	<p>2. Prepare and pack in cold transport box vaccine carrier 2.1. Release the vaccine to the client or deliver too health facilities</p>	<p>none</p>	<p>30 mins</p>	<p>Pharmacist III</p>
TOTAL:		<p>none</p>	<p>1 hour</p>	
<i>For setting-up of Animal Bite Center:</i>				
<p>1. Present the accomplished Letter of Intent (LOI) and Self-Assessment Form (SAF)</p>	<p>1. Receive LOI and SAF 1.1. Conduct Technical Assistance through site inspection of compliance to DOH standards 1.2. Submit Assessment Form with the LOI and SAF to CHD IV-B by email or courier</p>	<p>none</p>	<p>30 minutes 2 hours (by schedule) 10 mins</p>	<p>Pharmacist III</p>
TOTAL:		<p>None</p>	<p>2 hours and 40 minutes</p>	



15. Supply Office Management

To render fast and accurate services to all clientele.

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	Municipal Health Officer			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For drugs, medicines and medical supplies		Municipal Health Officer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Authorization Letter or copy of approval request conversations	1. Prepare request and issue slip per allocation; per program coordinator	none	15 min per program	AO III Supply Officer
	1.1. Prepare 1 pack items/ commodities according to allocation	none	20 min per MHO	
2. Receive allocated request drugs and medicines	2. Issue/release allocated/requested drugs and medicines; Medical Supplies to MHO's and walk in clients	None	30 min per MHO	AO III Supply Officer
	2.1. Enter in client's logbook upon issuances of commodities	none	20 min per MHO	
3. Receive RIS	3. Issue original copy of RIS to recipient	none	35 min per program	AO III Supply Officer
TOTAL:			2 hours and 20 minutes	



16. TB Program

Prevention and control of tuberculosis, sexually transmitted diseases and HIV/AIDS infections

Availability of the service: Monday to Friday (except holidays), 8:00am-5:00pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office and hospital facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
For application for TB Program: 1. Letter of Intent (1 original copy) 2. Checklist/Assessment Form (1 original copy) For provision of drugs and medicines and other commodities: 1. Request Form slip (1 original copy) Transport box		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<i>Provision of Technical Assistant for renewal of TB DOTS Facilities:</i>				
1. Present the accomplished Letter of Intent (LOI) form	1. Receive request from client 1.1. Review LOI	none	5 minutes 10 minutes	MedTech II
2. Provision of TB Medicines and other laboratory supplies.	2. Review and Prepare allocation of supplies	none	15 minutes	MedTech II AO III Supply Officer
3. Review, check and receive supplies and commodities	3. Issue/ release requested and supplies. 3.1 Give original copy of RIS to the client.	none	10 minutes	AO III Supply Officer
TOTAL:		None	40 minutes	



17. Vector Borne Diseases (VBD) Control Program

Prevention and integrated management of vector-borne diseases

Availability of the service: Monday to Friday (except holidays), 8am to 5pm

Office or Division:	PROVINCIAL HEALTH OFFICE-PUBLIC HEALTH SERVICES			
Classification:	Simple			
Type of Transaction:	G2C, G2G			
Who may avail:	All Municipal Health Office			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Requisition Slip (1 original copy) 2. Inventory Form (1 original copy)		PHO Program Coordinator		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present the accomplished requisition slip and inventory form	1. Receive the requisition slip and inventory form	none	5 minutes	Sanitary Inspector I
	1.1. Prepare and allocate number of supplies per VBD area		10 minutes	MedTech II Sanitary Inspector IV
2. Review, check and receive supplies	2. Issue/release requested/ allocated supplies per VBD area	none	5 minutes	Sanitary Inspector I MedTech II Sanitary Inspector IV
TOTAL:		None	20 minutes	